

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**63-016646**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No. **383**

Primary Registration District No. **5655**

Registrar's No. **234**

**FILED APR 17 1963**

## 1. PLACE OF DEATH

a. COUNTY **Lawrence**

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **Mt. Vernon**

Length of stay in lb  
**49 days**

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **Mo. State Sanatorium**

Inside Limits  
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Missouri** b. COUNTY **Nodaway**

c. CITY OR TOWN **Maryville**

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
**PO Box 384**

Reside on Farm  
Yes ☐ No ☐

## 3. NAME OF DECEASED

First Middle Last  
**Wayne Herbert Whitaker**

4. DATE OF DEATH  
Month Day Year  
**March 25, 1963**

5. SEX  
**Male**

6. COLOR OR RACE  
**White**

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
**6-5-06**

9. AGE (last birthday)  
**56**

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Merchant**

10b. KIND OF BUSINESS OR INDUSTRY  
**Feed & Fertilizer**

11. BIRTHPLACE (City and state or country)  
**Atchison, Kansas**

12. CITIZEN OF WHAT COUNTRY  
**U.S.A.**

## 13a. FATHER'S NAME

**John Todd Whitaker**

## 13b. MOTHER'S MAIDEN NAME

**Florence Whitaker**

## 14. NAME OF HUSBAND OR WIFE

**Eva Mae Whitaker**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
**No**

## 16. SOCIAL SECURITY NO.

17. INFORMANT Address  
**San. Records, Mo.S.S., Mt. Vernon, Mo.**

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Metastatic carcinoma**

INTERVAL BETWEEN ONSET AND DEATH  
**2 months**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) **Bronchogenic carcinoma**

**9-12 mo.**

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

**Pulmonary tuberculosis. Diabetes mellitus.**

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour, a.m., p.m., Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **2-4-63** to **3-25-63** and last saw him alive on **3-25-63**  
Death occurred at **10:55 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

22b. ADDRESS  
**Mo. S. S., Mt. Vernon, Mo.**

22c. DATE SIGNED  
**3-25-63**

23a. BURIAL, CREMATION, OR REMOVAL (Specify)

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

L-MEDICAL CERTIFICATION

23a. BURIAL, CREMATION, OR REMOVAL (Specify)

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

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26. REGISTRAR'S SIGNATURE

(Licensed Embalmer's Statement on Reverse Side)

APR 18 1968

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by ME

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

Ronald N. Smith

Licensed Embalmer No. 5209

P. O. Address MT Vernon, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply

with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.